

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.
09/763308

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1		1	
2						
3						
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TOTAL IND.	1		1		1	
TOTAL DER.						
TOTAL CLAIMS			13		8	
			14		9	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Edge Processing
(703) 305-3831

FORM PTO-1040 (FEB. 87)

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